



General Assembly

February Session, 2014

Substitute Bill No. 5580



AN ACT CONCERNING THE PESTICIDE ADVISORY COUNCIL, THE RECOMMENDATIONS OF THE EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE AND THE ELIMINATION OF A MUNICIPAL MANDATE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (d) of section 22a-65 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2014*):

4 (d) The commissioner shall establish a Pesticide Advisory Council
5 consisting of, but not limited to, the director of the Agricultural
6 Experiment Station, the Commissioner of Agriculture, the
7 Commissioner of Public Health, and the dean of the college of
8 agriculture of The University of Connecticut or their respective
9 designees. The council shall meet at least annually and the
10 commissioner may consult with the Pesticide Advisory Council on
11 technical matters involving the application and use of pesticides, the
12 determination of imminent hazards and the unreasonable adverse
13 effects on the environment before promulgating regulations or orders
14 in carrying out this part, subsection (a) of section 23-61a and sections
15 23-61b and 23-61f. The council shall, on an ongoing basis, review all
16 new pesticides for safety and effectiveness and report the results of
17 such review to the commissioner for consideration in adopting
18 regulations. The commissioner shall, in consultation with the council,
19 create, publish and regularly update a report on best practices

20 regarding the safe and effective use of synthetic and organic pesticides
21 for use by municipalities.

22 Sec. 2. Section 22a-65 of the general statutes is amended by adding
23 subsection (e) as follows (*Effective October 1, 2014*):

24 (NEW) (e) The commissioner shall establish a regional purchasing
25 program through which municipalities may purchase pesticides for a
26 reduced price.

27 Sec. 3. (*Effective October 1, 2014*) The Commissioner of Energy and
28 Environmental Protection shall, in consultation with the Pesticide
29 Advisory Council established pursuant to section 22a-65 of the general
30 statutes, as amended by this act, review the integrated pest
31 management monitoring web site maintained by the state of
32 Massachusetts for the purpose of determining whether to create a
33 similar resource in the state of Connecticut.

34 Sec. 4. Section 19a-181b of the general statutes is repealed and the
35 following is substituted in lieu thereof (*Effective October 1, 2014*):

36 (a) Not later than July 1, 2002, each municipality shall establish a
37 local emergency medical services plan. Such plan shall include the
38 written agreements or contracts developed between the municipality,
39 its emergency medical services providers and the public safety
40 answering point, as defined in section 28-25, that covers the
41 municipality. The plan shall also include, but not be limited to, the
42 following:

43 (1) The identification of levels of emergency medical services,
44 including, but not limited to: (A) The public safety answering point
45 responsible for receiving emergency calls and notifying and assigning
46 the appropriate provider to a call for emergency medical services; (B)
47 the emergency medical services provider that is notified for initial
48 response; (C) basic ambulance service; (D) advanced life support level;
49 and (E) mutual aid call arrangements;

50 (2) The name of the person or entity responsible for carrying out
51 each level of emergency medical services that the plan identifies;

52 (3) The establishment of performance standards for each segment of
53 the municipality's emergency medical services system; and

54 (4) Any subcontracts, written agreements or mutual aid call
55 agreements that emergency medical services providers may have with
56 other entities to provide services identified in the plan.

57 (b) In developing the plan required by subsection (a) of this section,
58 each municipality: (1) May consult with and obtain the assistance of its
59 regional emergency medical services council established pursuant to
60 section 19a-183, its regional emergency medical services coordinator
61 appointed pursuant to section 19a-186a, its regional emergency
62 medical services medical advisory committees and any sponsor
63 hospital, as defined in regulations adopted pursuant to section 19a-179,
64 located in the area identified in the plan; and (2) shall submit the plan
65 to its regional emergency medical services council for the council's
66 review and comment.

67 (c) Each municipality shall update the plan required by subsection
68 (a) of this section as the municipality determines is necessary. The
69 municipality shall consult with the municipality's primary service area
70 responder concerning any updates to the plan. The Department of
71 Public Health shall assist each municipality in the process of updating
72 the plan by providing technical assistance and helping to resolve any
73 disagreements concerning the provisions of the plan.

74 (d) Not less than once every five years, the department shall review
75 a municipality's plan and the primary service area responder's
76 provision of services under the plan. Such review shall include an
77 evaluation of such responder's compliance with applicable laws and
78 regulations. Upon the conclusion of such evaluation, the department
79 shall assign a rating of "meets performance standards", "exceeds
80 performance standards" or "fails to comply with performance

standards" for the primary service area responder. The Commissioner of Public Health may require any primary service area responder that is assigned a rating of "fails to comply with performance standards" to meet the requirements of a performance improvement plan developed by the department. Such primary service area responder may be subject to subsequent performance reviews or removal as the municipality's primary service area responder for a failure to improve performance in accordance with section 19a-181c, as amended by this act.

Sec. 5. Section 19a-181c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) As used in this section [, "responder"] and section 8 of this act:

(1) "Responder" means any primary service area responder that [(1)] (A) is notified for initial response, [(2)] (B) is responsible for the provision of basic life support service, or [(3)] (C) is responsible for the provision of service above basic life support that is intensive and complex prehospital care consistent with acceptable emergency medical practices under the control of physician and hospital protocols; [.]

(2) "Emergency" means (A) the responder has failed to respond to fifty per cent or more first call responses in any three-month period and has failed to comply with the requirements of any corrective action plan agreement between the municipality and the responder, or (B) the sponsor hospital refuses to endorse or provide a recommendation for the responder due to unresolved issues relating to the quality of patient care provided by the responder; and

(3) "Unsatisfactory performance" means the responder has failed to (A) respond to eighty per cent or more first call responses, excluding those responses excused by the municipality, (B) meet defined response time standards agreed to between the municipality and responder, excluding those responses excused by the municipality, and

112 comply with the requirements of any corrective action plan, (C)
113 investigate and adequately respond to complaints related to the
114 quality of emergency care or response times, on a repeated basis, (D)
115 report adverse events as required by the Commissioner of Public
116 Health or as required under the local emergency medical services plan,
117 on a repeated basis, (E) communicate changes to the level of service or
118 coverage patterns that materially affect the delivery of service as
119 required under the local emergency medical services plan or
120 communicate an intent to change such service that is inconsistent with
121 such plan, or (F) communicate changes in its organizational structure
122 that are likely to negatively affect the responder's delivery of service.

123 (b) Any municipality may petition the commissioner for the
124 removal of a responder. A petition may be made (1) at any time if
125 based on an allegation that an emergency exists and that the safety,
126 health and welfare of the citizens of the affected primary service area
127 are jeopardized by the responder's performance, or (2) not more often
128 than once every three years, if based on the unsatisfactory performance
129 of the responder. [as determined based on the local emergency medical
130 services plan established by the municipality pursuant to section 19a-
131 181b and associated agreements or contracts.] A hearing on a petition
132 under this section shall be deemed to be a contested case and held in
133 accordance with the provisions of chapter 54.

134 (c) If, after a hearing authorized by this section, the commissioner
135 determines that (1) an emergency exists and the safety, health and
136 welfare of the citizens of the affected primary service area are
137 jeopardized by the responder's performance, (2) the [performance of
138 the responder is unsatisfactory based on the local emergency medical
139 services plan established by the municipality pursuant to section 19-
140 181b and associated agreements or contracts] responder has
141 demonstrated unsatisfactory performance, or (3) it is in the best
142 interests of patient care, the commissioner may revoke the primary
143 service area responder's primary service area assignment and require
144 the chief administrative official of the municipality in which the

primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both.

(d) The commissioner shall act on any petition for the removal of a responder (1) not later than five business days after receipt of a petition where an emergency is alleged and shall issue a determination on such petition not later than thirty days after receipt of such petition, or (2) not later than fifteen business days after receipt of a petition where unsatisfactory performance is alleged and shall issue a determination on such petition not later than ninety days after receipt of such petition. The commissioner may redesignate any petition received pursuant to this section as due to an emergency or unsatisfactory performance based on the facts alleged in the petition and may comply with the time requirements in this subsection that correspond to the redesignated classification.

(e) The commissioner may develop and implement procedures to designate a temporary responder for a municipality when such municipality has alleged an emergency in the petition during the time such petition is under the commissioner's consideration.

(f) The commissioner may hold a hearing and revoke a responder's primary service area assignment in accordance with the provisions of this section, although a petition has not been filed, where the commissioner has assigned a responder a rating of "fails to comply with performance standards" in accordance with section 19a-181b, as amended by this act, and the responder subsequently failed to improve its performance.

Sec. 6. Section 19a-181d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) Any municipality may petition the [commissioner] Commissioner of Public Health to hold a hearing if the municipality

176 cannot reach a written agreement with its primary service area
177 responder concerning performance standards or the primary service
178 area responder fails to deliver services in accordance with the
179 municipality's local emergency medical services plan, as described in
180 section 19a-181b, as amended by this act. The commissioner shall
181 conduct such hearing not later than ninety days from the date the
182 commissioner receives the municipality's petition. A hearing on a
183 petition under this section shall not be deemed to be a contested case
184 for purposes of chapter 54.

185 (b) In conducting a hearing authorized by this section, the
186 commissioner shall determine if the performance standards adopted in
187 the municipality's local emergency medical services plan are
188 reasonable based on the state-wide plan for the coordinated delivery of
189 emergency medical services adopted pursuant to subdivision (1) of
190 section 19a-177, model local emergency medical services plans and the
191 standards, contracts and written agreements in use by municipalities
192 of similar population and characteristics.

193 (c) If, after a hearing authorized by this section, the commissioner
194 determines that the performance standards adopted in the
195 municipality's local emergency medical services plan are reasonable,
196 the primary service area responder shall have thirty calendar days in
197 which to agree to such performance standards. If the primary service
198 area responder fails or refuses to agree to such performance standards,
199 the commissioner may revoke the primary service area responder's
200 primary service area assignment and require the chief administrative
201 official of the municipality in which the primary service area is located
202 to submit a plan acceptable to the commissioner for the alternative
203 provision of primary service area responder responsibilities, or may
204 issue an order for the alternative provision of emergency medical
205 services, or both.

206 (d) If, after a hearing authorized by this section, the commissioner
207 determines that the performance standards adopted in the
208 municipality's local emergency medical services plan are unreasonable,

209 the commissioner shall provide performance standards considered
210 reasonable based on the state-wide plan for the coordinated delivery of
211 emergency medical services adopted pursuant to subdivision (1) of
212 section 19a-177, model emergency medical services plans and the
213 standards, contracts and written agreements in use by municipalities
214 of similar population and characteristics. If the municipality refuses to
215 agree to such performance standards, the primary service area
216 responder shall meet the minimum performance standards provided
217 in regulations adopted pursuant to section 19a-179.

218 Sec. 7. (NEW) (*Effective October 1, 2014*) A primary service area
219 responder, as defined in section 19a-175 of the general statutes, shall
220 notify the Department of Public Health not later than sixty days prior
221 to the sale or transfer of more than fifty per cent of its ownership
222 interest or assets. Any person who intends to obtain ownership or
223 control of a primary service area responder in a sale or transfer for
224 which notification is required under this section shall submit an
225 application for approval of such purchase or change in control on a
226 form prescribed by the Commissioner of Public Health. The
227 commissioner shall, in determining whether to grant approval of the
228 sale or transfer, consider: (1) The applicant's performance history in the
229 state or another state; and (2) the applicant's financial ability to
230 perform the responsibilities of the primary service area responder in
231 accordance with the local emergency medical services plan, established
232 in accordance with section 19a-181b of the general statutes, as
233 amended by this act. The commissioner shall approve or reject the
234 application not later than forty-five calendar days after receipt of the
235 application. The commissioner may hold a hearing on such application
236 and may consult with any municipality or sponsor hospital in the
237 primary service area in making a determination on the application.

238 Sec. 8. (NEW) (*Effective October 1, 2014*) (a) For purposes of this
239 section, "primary service area responder" has the same meaning as in
240 section 19a-175 of the general statutes. Any municipality may submit a
241 local emergency medical services plan prepared pursuant to section

19a-181b of the general statutes, as amended by this act, to the Department of Public Health for the alternative provision of primary service area responder responsibilities. Such plan may be submitted for any of the following purposes: (1) Providing improved patient care; (2) delivering efficient emergency medical services; (3) allocating resources more efficiently; (4) aligning with a new emergency medical services provider better suited to meet the community's current needs; (5) regionalizing services; or (6) improving response times.

(b) The Commissioner of Public Health shall conduct a hearing on any plan for the alternative provision of primary service area responder responsibilities submitted pursuant to subsection (a) of this section. In order to determine whether to approve or disapprove such plan, the commissioner shall consider any relevant factors, including, but not limited to: (1) The impact of the plan on patient care; (2) the impact of the plan on emergency medical services system design, including system sustainability; (3) the impact of the plan on the local, regional and state-wide emergency medical services system; and (4) the recommendation from the medical oversight sponsor hospital. If the commissioner approves the plan, the commissioner shall reassign the primary service area in accordance with such plan. The responder named in such plan must apply for, and the commissioner must approve, primary service area assignment before such assignment becomes effective.

Sec. 9. Subsection (a) of section 7-163e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) The legislative body of a municipality, or in any municipality where the legislative body is a town meeting or representative town meeting, the board of selectmen, shall conduct a public hearing on the sale, lease or transfer of real property owned by the municipality prior to final approval of such sale, lease or transfer. Notice of the hearing shall be published on the Internet web site of the municipality or in a newspaper or other publicly available weekly print publication having

275 a general circulation in such municipality where the real property that
276 is the subject of the hearing is located at least twice, at intervals of not
277 less than two days, the first not more than fifteen days or less than ten
278 days and the last not less than two days before the date set for the
279 hearing. The municipality shall also post a sign conspicuously on the
280 real property that is the subject of the public hearing.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	22a-65(d)
Sec. 2	<i>October 1, 2014</i>	22a-65
Sec. 3	<i>October 1, 2014</i>	New section
Sec. 4	<i>October 1, 2014</i>	19a-181b
Sec. 5	<i>October 1, 2014</i>	19a-181c
Sec. 6	<i>October 1, 2014</i>	19a-181d
Sec. 7	<i>October 1, 2014</i>	New section
Sec. 8	<i>October 1, 2014</i>	New section
Sec. 9	<i>October 1, 2014</i>	7-163e(a)

Statement of Legislative Commissioners:

Technical changes were made to sections 1 and 5 and in section 5, the definitions were expanded to include section 8.

PD *Joint Favorable Subst. -LCO*